THE ROLE OF FOUR LANGUAGES IN MEDICAL EDUCATION: LATIN, UZBEK, RUSSIAN, AND ENGLISH

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Abstract. This article explains why medical students need to know four languages: Latin, Uzbek, Russian, and English. Latin gives the roots of medical words. Uzbek and Russian help doctors talk to patients and read important papers. English helps share new medical findings with the world. The article offers simple ideas on how to teach and learn these languages together in medical schools. The goal is to help future doctors communicate better and provide good care.

Keywords: medical languages, Latin, Uzbek, Russian, English, medical education, simple methods, communication, patient care.

Аннотация. В этой статье объясняется, почему студентам-медикам нужно знать четыре языка: латынь, узбекский, русский и английский. Латынь дает основы медицинских терминов. Узбекский и русский помогают врачам общаться с пациентами и читать важные документы. Английский помогает делиться новыми медицинскими открытиями с миром. В статье предлагаются простые идеи о том, как вместе преподавать и изучать эти языки в медицинских вузах. Цель — помочь будущим врачам лучше общаться и оказывать качественную помощь.

Ключевые слова: медицинские языки, латынь, узбекский, русский, английский, медицинское образование, простые методы, общение, уход за пациентами.

Annotatsiya. Ushbu maqolada tibbiyot talabalari nega to‘rtta tilni bilishi kerakligi tushuntiriladi: lotin, o‘zbek, rus va ingliz. Lotin tili tibbiy atamalarning asosini beradi. O‘zbek va rus tillari shifokorlarga bemorlar bilan muloqot qilish va muhim hujjatlarni o‘qishda yordam beradi. Ingliz tili esa yangi tibbiy kashfiyotlarni dunyo bilan bo‘lishishga yordam beradi. Maqolada tibbiyot maktablarida ushbu tillarni birgalikda o‘qitish va o‘rganish bo‘yicha oddiy g‘oyalar taklif qilingan. Maqsad — bo‘lajak shifokorlarga yaxshiroq muloqot qilish va sifatli yordam ko‘rsatishga yordam berish

Kalit so‘zlar: tibbiy tillar, lotin tili, o‘zbek tili, rus tili, ingliz tili, tibbiy ta’lim, oddiy usullar, muloqot, bemorlarni parvarish qilish.

Introduction Medicine uses special words that come from old languages. Most of these words come from Latin. But doctors also need to speak the local languages of their patients and read medical papers in other languages. In Uzbekistan, medical students face an interesting mix. They need Latin for medical terms. They need Uzbek and Russian to talk to patients and read local health guidelines. And they need English to read new research from other countries.

Learning four languages sounds hard. But it does not have to be. This article explains why each language matters and offers simple ways to teach and learn them together. The goal is not to make students experts in all four languages. The goal is to help them use each language for its main purpose in their daily work as doctors.

Why Latin Still Matters?

Latin is like the foundation of a house. You do not see it, but everything else stands on it. Most medical terms come from Latin. For example, “heart” in everyday language is “cor” in Latin. That is why we say “cardiac” (related to the heart). “Kidney” is “ren” in Latin, so we say, “renal failure”.

When students learn Latin roots, they can understand many medical words without memorizing each one separately. It is like learning the pieces of a puzzle. Once you know that “it is” means swelling or infection, you can understand "tonsillitis" (swollen tonsils), “arthritis” (swollen joints) and “bronchitis” (swollen airways).

Teaching Latin does not mean making students speak Latin like the ancient Romans. That would be too hard and not useful. Instead, students should learn the most common word parts: prefixes (beginnings of words), suffixes (endings of words), and roots (the main part). This can be done with simple matching games and word puzzles and by showing Latin terms together with their Uzbek, Russian and English equivalents in context.

Uzbek and Russian: Languages for Daily Care

Uzbek and Russian are the languages doctors use every day in Uzbekistan. Patients speak these languages. Older medical records and many local textbooks are in Russian. Health rules and local guidelines are often in both Uzbek and Russian.

A doctor might need to read a patient's old medical chart written in Russian. Then they need to explain the treatment plan in simple Uzbek. Or they might read a new local health regulation in Uzbek and then discuss it with a colleague in Russian. In all these situations, clear and kind communication is more important than using “fancy” words.

The best way to teach these languages is through practice. Instead of just memorizing grammar rules, students can practice real conversations. For example, they can act out a visit where a patient describes pain. Or they can practice explaining medicine instructions in simple words. Roleplaying, short dialogues and group discussions are very effective methods. They build confidence and real skill in doctor - patient communication.

English: The Language of Global Medicine

English has become the main language for new medical research. The best medical journals, international conferences, and many online resources are in English. If a doctor in Uzbekistan wants to learn about a new treatment or share their own research, they need English.

But medical English is not the same as everyday English. It has special words and a more direct, scientific style. A doctor does not need to speak perfect casual English. They mainly need to read articles, understand abstracts, and maybe write a short summary or case report.

A simple method to learn medical English is to start with short articles or video subtitles. Students can watch a two-minute video about the heart, with English subtitles, and write down a few new words. The next day, they review those words. Research shows that spaced repetition – repeating information after longer and longer breaks – helps students remember vocabulary much better than cramming for many hours in one day.

Multilingual Doctors and Better Patient Care

When a doctor speaks the same language as the patient, everything becomes easier: asking questions, explaining a diagnosis, and giving treatment instructions. Patients feel more relaxed and trust the doctor more when they can speak in their own language. This trust is very important; it helps patients follow the treatment plan and come back for checkups.

Studies show that when hospitals offer multilingual support, patients understand their health problems better, follow medicine instructions more correctly, and miss fewer appointments. This means fewer complications, fewer re-admissions, and better health overall. For a multilingual country like Uzbekistan, having doctors who can use Latin terms and also speak Uzbek, Russian, and some English creates a fairer system where more patients receive correct and safe care.

Code-Switching: Moving Between Languages with Patients

In real life, doctors and patients often "mix" languages in one conversation. This is called code-switching. For example, a doctor may explain most things in Uzbek but use a Russian or English word for a specific disease or procedure. Research from different countries shows that code-switching is used very often in doctor-patient communication and usually helps to make things clearer, not more confusing.

When used carefully, code-switching lets the doctor keep correct medical terms and at the same time speak in a warm, simple way that the patient understands. Patients do not always understand all the medical words, but they clearly feel the doctor's attitude, tone and respect. This kind of language flexibility is only possible when the doctor has training in more than one language: Latin terms, local languages like Uzbek and Russian, and the English used in scientific texts.

Challenges in Multilingual Medical Education Teaching medicine in only one foreign language, such as English, can create serious problems for students. Many studies show that when all lectures, books and exams are in English, students with lower English levels often do not fully understand the material, feel more stress and may even think about leaving the program. At the same time, they must still treat patients in their own languages during clinical practice, which creates a gap between classroom learning and real-world work. Because of this, experts now recommend flexible bilingual or multilingual models instead of English-only teaching. In such models, English is used for international terms, journals and exams, while Uzbek and Russian are used to explain complex ideas, discuss clinical cases and train doctor-patient communication. Latin stays at the center as the "code" that connects all the technical terms across languages. This balanced approach respects local languages, helps students learn more deeply, and still prepares them to join the global medical community.

Conclusion Learning Latin, Uzbek, Russian, and English is a big task for medical students. But it is also a great opportunity. These four languages give future doctors powerful tools. Latin unlocks the code of medical terms. Uzbek and Russian enable clear communication with patients and local colleagues. English opens the door to global medical knowledge. The key is not to teach each language in isolation. The key is to show how they connect and support each other. Using simple, practical methods, role-plays, real materials and multilingual explanations, medical schools can help students gain useful language skills without overwhelming them. A doctor who can think in all four languages will be a better doctor. They will understand more, explain better, and care more effectively for their patients in Uzbekistan and beyond.

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